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Document ID	Revision	Status	Quantity	Format	RecNo
PRC SECG-ATT.05 000	2	A	1	H	98298
PRC SECG-ATT.08 000	7	A	1	H	98339
PRC SECG-ATT.10 000	1	A	1	H	98380
PRC SECG-ATT.11 000	1	A	1	H	98421
PRC SECG-ATT.12 000	1	A	1	H	98462
PRC SECG-ATT.13 000	1	A	1	H	98503
PRC SECG-ATT.14 000	2	A	1	H	98544
PRC SECG-ATT.15 000	2	A	1	H	98585
PRC SECG-ATT.17 000	1	A	1	H	98626
PRC SECG-ATT.18 000	2	A	1	H	98667
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PRC SECG-ATT.21 000	1	A	1	H	98790
PRC SECG-ATT.22 000	1	A	1	H	98831
PRC SECG-ATT.26 000	0	A	1	H	98872
PRC SECG-ATT.27 000	0	A	1	H	98913
PRC SECG-ATT.28 000	0	A	1	H	98954
PRC SECG-SECG-TOC 000	28	A	1	H	97817
PRC SECG-SECT.11.1 000	1	A	1	H	97448
PRC SECG-SECT.11.10 000	1	A	1	H	97776
PRC SECG-SECT.11.2 000	1	A	1	H	97489
PRC SECG-SECT.11.3 000	2	A	1	H	97530
PRC SECG-SECT.11.4 000	1	A	1	H	97571
PRC SECG-SECT.11.5 000	1	A	1	H	97612
PRC SECG-SECT.11.7 000	2	A	1	H	97653
PRC SECG-SECT.11.8 000	1	A	1	H	97694

A045

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PRC SECG-SECT.11.9 000	2	A	1	H	97735

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SALEM GENERATING STATION  
EVENT CLASSIFICATION GUIDE  
January 23, 2001  
CHANGE PAGES FOR  
REVISION #28

The Table of Contents (T.O.C.) forms a general guide to the current revision of each section and attachment of the Salem ECG. The changes that are made in this T.O.C. Revision #28 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
<u>Pages</u>	<u>Description</u>	<u>Rev.</u>	<u>Pages</u>	<u>Description</u>	<u>Rev.</u>
ALL	T.O.C.	28	ALL	T.O.C.	27
All	RAL 11.1	01	All	RAL 11.1	00
All	RAL 11.2	01	All	RAL 11.2	00
All	RAL 11.3	02	All	RAL 11.3	01
All	RAL 11.4	01	All	RAL 11.4	00
All	RAL 11.5	01	All	RAL 11.5	00
All	RAL 11.7	02	All	RAL 11.7	01
All	RAL 11.8	01	All	RAL 11.8	00
All	RAL 11.9	02	All	RAL 11.9	01
All	RAL 11.10	01	All	RAL 11.10	00
All	Attachment 5	02	All	Attachment 5	01
All	Attachment 8	07	All	Attachment 8	06
All	Attachment 10	01	All	Attachment 10	00
All	Attachment 11	01	All	Attachment 11	00
All	Attachment 12	01	All	Attachment 12	00
All	Attachment 13	01	All	Attachment 13	00
All	Attachment 14	02	All	Attachment 14	01
All	Attachment 15	02	All	Attachment 15	01
All	Attachment 17	01	All	Attachment 17	00
All	Attachment 18	02	All	Attachment 18	01
All	Attachment 19	02	All	Attachment 19	01
All	Attachment 20	01	All	Attachment 20	00
All	Attachment 21	01	All	Attachment 21	00
All	Attachment 22	01	All	Attachment 22	00
All	Attachment 26	00			
All	Attachment 27	00			
All	Attachment 28	00			

REVISION SUMMARY:

Reporting requirements changed due to 10 CFR 50.72 changes.

SALEM EVENT CLASSIFICATION GUIDE  
TABLE OF CONTENTS/SIGNATURE PAGE

COPY # SECG0101

<u>SECTION</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
T.O.C.	Table of Contents/Signature Page	28	4	01/23/01
i	Introduction and Usage	02	11	12/14/00
ii	Glossary of Acronyms & Abbreviations	00	6	01/21/97
iii	Critical Function Status Trees (CFSTs), Unit 1	21	7	04/16/98
	Critical Function Status Trees (CFSTs), Unit 2	23	6	08/19/97
1.0	<b>Fuel Clad Challenge</b>	00	1	01/21/97
2.0	<b>RCS Challenge</b>	00	1	01/21/97
3.0	<b>Fission Product Barriers (Table)</b>	00	1	01/21/97
4.0	<b>EC Discretion</b>	00	1	01/21/97
5.0	<b>Failure to TRIP</b>	00	1	01/21/97
6.0	<b>Radiological Releases/Occurrences</b>			
	6.1 Gaseous Effluent Release	00	4	01/21/97
	6.2 Liquid Effluent Release	00	1	01/21/97
	6.3 In Plant Radiation Occurrences	00	1	01/21/97
	6.4 Irradiated Fuel Event	00	2	01/21/97
7.0	<b>Electrical Power</b>			
	7.1 Loss of AC Power Capabilities	00	2	01/21/97
	7.2 Loss of DC Power Capabilities	00	1	01/21/97
8.0	<b>System Malfunctions</b>			
	8.1 Loss of Heat Removal Capability	00	2	01/21/97
	8.2 Loss of Overhead Annunciators	00	1	01/21/97
	8.3 Loss of Communications Capability	00	1	01/21/97
	8.4 Control Room Evacuation	00	1	01/21/97
	8.5 Technical Specifications	00	1	01/21/97
9.0	<b>Hazards - Internal/External</b>			
	9.1 Security Threats	00	1	01/21/97
	9.2 Fire	00	1	01/21/97
	9.3 Explosion	00	1	01/21/97
	9.4 Toxic/Flammable Gases	00	2	01/21/97
	9.5 Seismic Event	00	1	01/21/97
	9.6 High Winds	00	1	01/21/97
	9.7 Flooding	00	1	01/21/97
	9.8 Turbine Failure/Vehicle Crash/ Missile Impact	00	1	01/21/97
	9.9 River Level	00	1	01/21/97
10.0	Reserved for future use	N/A		
WC	<b>Salem ECG Charts (Located In ERFs)</b>	00	2	01/21/97
SGS				

**SALEM EVENT CLASSIFICATION GUIDE  
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Licensing is responsible for the Reportable Action Level (Section 11) and associated Attachments (marked by "L")				
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**11.0 Reportable Action Levels (RALs)**

11.1	Technical Specifications	01	3	01/23/01
11.2	Degraded or Unanalyzed Condition	01	1	01/23/01
11.3	System Actuation	02	1	01/23/01
11.4	Personnel Safety/Overexposure	01	2	01/23/01
11.5	Environmental/State Notifications	01	2	01/23/01
11.6	After-the-Fact	00	1	01/21/97
11.7	Security/Emergency Response	02	1	01/23/01
	Capabilities			
11.8	Public Interest	01	1	01/23/01
11.9	Accidental Criticality/ Special Nuclear Material/ Rad Material Shipments - Releases	02	2	01/23/01
11.10	Voluntary Notifications	01	1	01/23/01

**SALEM EVENT CLASSIFICATION GUIDE  
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Licensing is responsible for the Reportable Action Level (Section 11)  
and associated Attachments (marked by "L")

<u>ATTACHMENT</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
1	UNUSUAL EVENT	03	2	02/29/00
2	ALERT	03	2	02/29/00
3	SITE AREA EMERGENCY	03	2	02/29/00
4	GENERAL EMERGENCY	04	5	02/29/00
5	L NRC Data Sheet Completion Reference	02	7	01/23/01
6	Primary Communicator Log	15	8	11/20/00
7	Primary Communicator Log (GE)	deleted		02/29/00
8	Secondary Communicator Log	07	9	01/23/01
9	L Non-Emergency Notifications Reference	13	3	08/15/00
10	L 1 Hr Report - NRC Regional Office	01	3	01/23/01
11	L 1 Hr Report (Common Site) Security/Safeguards	01	3	01/23/01
12	L 1 Hr Report - NRC Operations	01	3	01/23/01
13	L 4 Hr Report - Contaminated Events Outside Of The RCA	01	7	01/23/01
14	L 4 Hr Report - NRC Operations	02	3	01/23/01
15	L Environmental Protection Plan	02	3	01/23/01
16	L Spill / Discharge Reporting	01	7	03/29/00
17	L 4 Hr Report - Fatality or Medical Emergency	01	4	01/23/01
18	L 4 Hr Report - Radiological Transportation Accident	02	4	01/23/01
19	L 24 Hr Report - Fitness For Duty (FFD) Program Events	02	3	01/23/01
20	L 24 Hr Report - NRC Regional Office	01	3	01/23/01
21	L Reportable Event - LAC/ Memorandum Of Understanding (M.O.U.)	01	2	01/23/01
22	L T/S Required Engineering Evaluation	01	2	01/23/01
23	Reserved			
24	UNUSUAL EVENT (Common Site)	05	3	02/29/00
25	1 Hr Report (Common Site) - Major Loss of Emergency Assessment, Offsite Response, OR Communications Capability	01	3	07/22/99
26	L 8 Hr Report - NRC Operations	00	3	01/23/01
27	L 8 Hr Report - Medical Emergency - Transport of Contaminated Person	00	4	01/23/01
28	L Boiler and Pressure Vessel Reporting	00	3	01/23/01

**SIGNATURE PAGE**

Prepared By: Paul Duke PR Duke 1/15/01  
(If Editorial Revisions Only, Last Approved Revision) Date

Section/Attachments Revised 11.1, 11.2, 11.3, 11.4, 11.5, 11.7, Att 26, 27, 28 1/15/01  
(List Non Editorial Only - Section/Attachments) Date

Reviewed By: William J. Detrich 01/15/01  
Station Qualified Reviewer Date

Reviewed By: John P. Roberts 01/16/01  
Department Manager Date

Reviewed By: W. J. For G.S. 01/17/01  
Manager - Licensing Date  
(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By: Chris S. 1/18/01  
Manager - EP & IT Date

Reviewed By: N/A   
Manager - Quality Assessment - NBU Date  
(If Applicable)

**SORC Review and Station Approvals**

N/A  
Mtg. No. Salem Chairman

W. J. For G.S. 1/18/01  
Vice President Nuclear Operations

Date

Date

Effective Date of this Revision: 01/23/01  
Date

ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

ECG  
ATT 5  
Pg. 1 of 7  
PSE&G  
CONTROL  
COPY # SEC60101

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (i.e., each change in classification or new event, begin again)
- B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.
  1. The following paragraphs briefly describe the type of information expected by the NRC when making notifications.
  2. Event Description Instructions from the NRC Data Sheet state:  
*" Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational "*
    - a) ***Include systems affected....***  
Description The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.  
  
Common information should be the response of available systems. (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.
    - b) ***...actuations and their initiating signals, causes....***  
Description The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC.



When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor trip or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant,...***

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how the parameters are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or SG level is being maintained by the Aux. Feed water system)

d) ***...actions taken or planned,...***

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

f) ***Indicate systems and safety related equipment that are not operational.***

Description: All non-operational safety related equipment should be provided. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

3. NRC Event Update Instructions from the NRC Data Sheet state:  
***“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes).”***
  - a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x). Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.
  - b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1 hour time limit.

## II. NRC DATA SHEET FORM

- A. The following two page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of \_\_\_\_ ) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.
- C. (Page 2 of \_\_\_\_ ) may or may not be applicable as determined by the Emergency Coordinator (EC).
- D. (Page \_\_\_\_ of \_\_\_\_ ) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of \_\_)

NOTIFICATION TIME	FACILITY SALEM GENERATING STATION	UNIT	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)		POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *( )	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *( )	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):			<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *( )		

\* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.  
Note anything unusual or not understood. Indicate systems and safety -related equipment that are not operational.

(Use a continuation page if more room is needed)

RCS/TUBE LEAK DATA

(Complete only if event includes an  
RCS or SG tube leak)

LOCATION OF LEAK (e.g. SG, VALVE, PIPE etc )

TIME & DATE LEAK STARTED: \_\_\_\_\_ ON \_\_\_\_\_  
TIME DATE

LEAK RATE: \_\_\_\_\_ gpm or gpd TEST LEAK LIMITS \_\_\_\_\_

LAST KNOWN COOLANT ACTIVITY PRIMARY (DIT -uCi/cc) \_\_\_\_\_ SECONDARY (gbg -uCi/cc) \_\_\_\_\_

WAS THIS LEAK A SUDDEN OR LONG - TERM DEVELOPMENT?

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED				ESTIMATED RESTART DATE				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications  
Reportable Action Level (RAL #) 11

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of \_\_)

NOTIFICATION DATE/TIME: \_\_\_\_\_

**RADIOLOGICAL RELEASE DATA:** (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check ☒ **ALL** correct statements and provide to the NRC.

- \_\_\_\_ There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas =  $2.42\text{E}+05$  uCi/sec).  
\_\_\_\_ There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine-131 =  $2.10\text{E}+01$  uCi/sec).  
\_\_\_\_ There is/was a liquid release above Tech Spec limits in progress.  
\_\_\_\_ The release is ongoing (still above Tech Specs) at this time.  
\_\_\_\_ The release was terminated (no longer above Tech Specs) at \_\_\_\_\_ hrs.  
\_\_\_\_ The release was planned and can be isolated.  
\_\_\_\_ The release pathway is monitored by the Radiation Monitoring System.  
\_\_\_\_ Areas evacuated onsite due to release concerns are: \_\_\_\_\_  
\_\_\_\_ Station personnel have received exposure above 10CFR20 limits.  
\_\_\_\_ Station personnel have been contaminated to an extent requiring offsite assistance to decon.

**SPECIFIC RADIOLOGICAL PARAMETERS:** (Provide current values) Current Time: \_\_\_\_\_ hrs.  
Total Release Rate Noble Gas (from SSCL) is: \_\_\_\_\_ uCi/sec.  
Total Release Rate Iodine - 131 (from SSCL) is: \_\_\_\_\_ uCi/sec.

**RELEASE PATHWAY MONITORS:** (Provide readings and alarm setpoints only for those below listed monitors in Alarm or that are included in the release pathway).

MONITOR #	NAME	CURRENT READING	ALARM SETPOINT
1(2)R41D	NOBLE GAS EFFLUENT	_____ uCi/sec	2.00E+04 uCi/sec
1(2)R46	HIGHEST STEAM LINE (R46A thru D)	_____ mR/hr	1.00E+01 mR/hr
1(2)R15	CONDENSER AIR EJECTOR	_____ cpm	_____ cpm
1(2)R19	HIGHEST S/G BLOWDOWN	_____ cpm	_____ cpm

**OTHER PERTINENT INFORMATION:** (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page \_\_ of \_\_)

NOTIFICATION DATE/TIME: \_\_\_\_\_


EVENT DESCRIPTION (Continued):

OTHER PERTINENT INFORMATION (Continued):

NRC EVENT UPDATE (Document additional information to NRC due to their request or as a result of Plant / event status changes):

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

ATTACHMENT 8

SECONDARY COMMUNICATOR LOG

Table of Contents

Pages

- 1 - 2 Notifications & Data Collection/Transmission  
3 - 4 Incoming Calls (BNE, DEMA, OEM, AAAG, etc.)  
5 Major Equipment & Electrical Status (MEES) form  
6 Operational Status Board (OSB) form  
7 - 8 Station Status Checklist (SSCL) form  
9 Common Site UNUSUAL EVENT – Station Status Checklist form

PSE&G  
CONTROL  
COPY # SECG0101

Emergency Classification: (circle)      UE      ALERT      SAE      GE

Name: \_\_\_\_\_ Position: CM2 /TSC2/ EOF2  
(Print) (circle)

A. NOTIFICATIONS

**NOTE**

A new Attachment 8 is required to be implemented if the classification or protective action recommendation (PAR) changes.

Initials

1. OBTAIN a copy of Attachment 6 and ASSIST Primary Communicator with 15-minute notifications, as necessary. \_\_\_\_\_  
CM2/TSC2/EOF2
2. DIRECT the Shift Rad Pro Tech (SRPT) (x2644) to implement **SC.EP-EP.ZZ-0301(Q)**, Shift Radiation Protection Technician Response. (N/A for Common Site).  
Name: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_ CM2
3. For an ALERT or higher emergency:
- ( ) a. CALLOUT an additional SRO and have him/her report to the OSC.  
Name: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_ CM2
- b. ACTIVATE **ERDS** within 60 minutes from the Affected Unit's SPDS terminal:
- 1) PRESS <UNIT MASTER MENU> key.  
2) PRESS <ERDS> key.  
3) FOLLOW screen prompts. \_\_\_\_\_  
CM2

Initials

**A. NOTIFICATIONS (cont'd)**

4. OBTAIN a copy of the **ICMF** and FAX the ICMF to Group A. CM2/TSC2/EOF2
5. COMPLETE a **Station Status Checklist (SSCL)** Form, Pg. 7 or Common Site **UNUSUAL EVENT Station Status Checklist (SSCL)** Form, Pg. 9;
- ( ) a. OBTAIN OS (TSS/SSM) assistance, as needed for SSCL Pg.1.
- ( ) b. OBTAIN SRPT (RAC/RSM) assistance, as needed for SSCL Pg.2. (N/A for Common Site)
- ( ) c. FAX to Group B.
- ( ) d. IF fax transmission of the SSCL is incomplete, THEN CONTACT the State Agencies listed below, READ the data, AND DOCUMENT on SSCL, Pg. 2.

**DEMA** Delaware Emergency Management Agency 302-659-2290  
**BNE** NJ Bureau of Nuclear Engineering 609-984-7700

CM2/TSC2/EOF2

6. OBTAIN completed **NRC Data Sheet** from the CM-1, and FAX form to Group B. CM2/TSC2/EOF2
7. REPEAT Step 5 approximately every half hour OR IMMEDIATELY for significant changes in Station status, until either Turnover or relief. CM2/TSC2/EOF2
8. TURNOVER responsibility for offsite notifications and offsite data updates (SSCLs) to the oncoming facility (TSC or EOF):
- ( ) a. GIVE names and phone numbers of contacts already made with any Offsite Agencies.
- ( ) b. GIVE time for next SSCL. CM2/TSC2
9. IF available for other duties AND TSC turnover is complete, THEN obtain headset, MAN the Ops Data line and CONTACT the TSC ops advisor and establish an open line of communication from the control room to the TSC. CM-2

**B. DATA COLLECTION/TRANSMISSION**

1. WHEN in an ALERT or higher emergency OR AFTER significant changes in plant status: THEN COMPLETE the **Major Equipment and Electrical Status (MEES)** Form.
- ( ) a. OBTAIN Licensed Operator review.
- ( ) b. GIVE a copy to the OSC Coordinator.
- ( ) c. FAX to Group C. CM2



Initials

**B. DATA COLLECTION/TRANSMISSION (cont'd)**

2. IF requested by the TSC,  
THEN COMPLETE the **Operational Status Board (OSB)** Form every 15 minutes,  
(TSS may modify the frequency or data list as appropriate)
- ( ) a. OBTAIN Licensed Operator review.  
( ) b. FAX to Group C.
3. ENSURE the Facility OSB and MEES Status Boards are updated as follows:
- ( ) a. OBTAIN OSB Data from **SPDS** "Unit Master Menu."  
( ) b. IF SPDS is Out of Service.  
THEN REQUEST CM2 to perform step B.2, above. (data set and frequency  
of updates may be revised by the TSS based on event circumstances)  
( ) c. WHEN significant changes in plant status occur,  
THEN REQUEST CM2 to perform step B.1, above.
4. WHEN the emergency is terminated.  
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

CM2

TSC2/EOF2

CM2/TSC2/EOF2

**C. INCOMING CALLS**

STATE OFFICIALS

1. IF Notifications authority has transferred.  
THEN DIRECT the caller to contact the TSC (or EOF if activated).
2. WHEN contacted by any State Agency Officials (listed here),

CM2/TSC2

**DEMA** - Delaware Emergency Management Agency  
**AAAG** - Delaware Accident Assessment Advisory Group  
**BNE** - NJ Bureau of Nuclear Engineering  
**DEP** - NJ Department of Environmental Protection  
**OEM** - NJ Office of Emergency Management

PERFORM the following:

- ( ) a. OBTAIN and RECORD:
- | <u>Agency</u> | <u>Caller's Name</u> | <u>Phone #</u> |
|---------------|----------------------|----------------|
| _____         | _____                | _____          |
| _____         | _____                | _____          |
- ( ) b. READ the latest EC approved SSCL.

Initials

**C. INCOMING CALLS (cont'd)**

STATE OFFICIALS

- ( ) c. IF caller is **NJ-BNE, DEMA, or AAAG**,  
THEN also READ the approved NRC Data Sheet Event Description.

CM2/TSC2/EOF2

NEWS MEDIA

**CAUTION**

**Communicators are NOT authorized to release any information to the News Media.**

3. WHEN contacted by any News Media representative,  
READ the appropriate message below:

- ( ) a. IF the ENC is not activated (Unusual Event), say;

**“You are requested to contact the Nuclear Communications Office  
at the following number: 856-339-1186.”**

- ( ) b. IF the ENC is activated (ALERT or higher), say;

**“You are requested to contact the Media Information Operator at  
any of the following numbers: 856-273-0188, -0282, -0479, or -  
0586.”**

CM2/TSC2/EOF2

NRC OPERATIONS CENTER

4. WHEN directed by the NRC to TERMINATE ERDS transmission,  
THEN GO TO any SPDS terminal of the affected Unit AND PROCEED as follows:

- a. PRESS <UNIT MASTER MENU> key.
- b. PRESS <ERDS> key.
- c. FOLLOW screen prompts.
- d. WHEN completed. NOTIFY the OS.

CM2

SALEM UNIT _____										DATE: _____				
MAJOR EQUIPMENT AND ELECTRICAL STATUS										UPDATE TIME: _____				
<b>NOTE:</b> Y = IN SERVICE N = OUT OF SERVICE (CIRCLE ANY UNAVAILABLE EQUIPMENT)			<b>ECCS SYSTEMS</b>		<b>ELECT. FEED</b>		<b>Y/N</b>		<b>CONTAINMENT CONTROL</b>		<b>ELECT. FEED</b>		<b>Y/N</b>	
			CHARGING PUMPS		1	B9D			CONT. SPRAY PUMPS		1	A2D		
					2	C9D					2	C2D		
					3	A7X			CFCU			HI		LOW
			SAFETY INJ PUMPS		1	A5D			1		A3X A4X		A2X	
		2	C5D			2		B3X B4X		B2X				
						3		C3X C4X		C2X				
						4		B7X B8X		B6X				
						5		C7X C8X		C6X				
<b>COOLING SYSTEMS</b>		<b>ELECT. FEED</b>		<b>Y/N</b>		<b>ELECTRICAL STATUS</b>				<b>Y/N</b>				
AUX FD PUMPS		1	A1D			OFFSITE AC POWER AVAILABLE								
		2	B1D			EMERGENCY DIESELS				RUN	LOADED			
		3	STM.			EDG				A				
SERVICE WATER PUMPS		1	3D							B				
		2	8D							C				
		3	B3D			#3 GAS TURBINE								
		4	B8D			ELEC DISTRIBUTION AVAILABLE?				Y/N				
		5	3D			VITAL BUS				A				
		6	8D							B				
COMP. COOLING PUMPS		1	A10D							C				
		2	B10D			GROUP BUS				E				
		3	C10D							F				
REACTOR COOLANT PUMPS		1	H4D							G				
		2	E4D							H				
		3	F4D											
		4	G4D											
CONDENSATE PUMPS		1	H1D											
		2	E1D											
		3	F1D											
CIRC WATER PUMPS		1A	UI / U2			<b>COMMENTS</b>								
		1B	2AD/2AD											
		2A	7BD/7BD											
		2B	3AD/3AD											
		3A	6BD/6BD											
		3B	4AD/4AD											
			5BD/5BD											

LICENSED OPERATOR REVIEW: \_\_\_\_\_  
INITIALS

# Operational Status Board – Salem

UPDATE: 

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TIME DATE

UNIT # 

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## I. EMERGENCY CORE COOLING SYSTEM

Cent. Chrg. Pump Flow (BIT flow)	<table border="1" style="width: 80px; height: 20px;"></table>	GPM
SI P flow # __1	<table border="1" style="width: 80px; height: 20px;"></table>	GPM
SI P flow # __2	<table border="1" style="width: 80px; height: 20px;"></table>	
RHR P flow # __1	<table border="1" style="width: 80px; height: 20px;"></table>	GPM
RHR P flow # __2	<table border="1" style="width: 80px; height: 20px;"></table>	GPM
RWST LEVEL	<table border="1" style="width: 80px; height: 20px;"></table>	FT

## II. CONTAINMENT

Cont. Pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
Cont. Temperature (AVG)	<table border="1" style="width: 80px; height: 20px;"></table>	F
Cont. H <sub>2</sub> Concen.	<table border="1" style="width: 80px; height: 20px;"></table>	%
Cont. Sump level	<table border="1" style="width: 80px; height: 20px;"></table>	%
Cont. Rad (hi range) __R44A	<table border="1" style="width: 80px; height: 20px;"></table>	R/hr
Cont. Rad (hi range) __R44B	<table border="1" style="width: 80px; height: 20px;"></table>	R/hr

## III. REACTOR COOLANT SYSTEM

# of RCPs Running	<table border="1" style="width: 80px; height: 20px;"></table>	
RVLIS (full range)	<table border="1" style="width: 80px; height: 20px;"></table>	%
Core Exit Thermocouple (hottest)	<table border="1" style="width: 80px; height: 20px;"></table>	F
# of Thermocouples > 1200 °F	<table border="1" style="width: 80px; height: 20px;"></table>	
Tc Loop __1	<table border="1" style="width: 80px; height: 20px;"></table>	F
Tc Loop __2	<table border="1" style="width: 80px; height: 20px;"></table>	F
Tc Loop __3	<table border="1" style="width: 80px; height: 20px;"></table>	F
Tc Loop __4	<table border="1" style="width: 80px; height: 20px;"></table>	F
*Tave (Autoneered) <small>*If no RCPs running, Tave on the Control Console is invalid.</small>	<table border="1" style="width: 80px; height: 20px;"></table>	F
PZR/RCS Pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
PZR Level (hot)	<table border="1" style="width: 80px; height: 20px;"></table>	%
Th Loop __1	<table border="1" style="width: 80px; height: 20px;"></table>	F
Th Loop __2	<table border="1" style="width: 80px; height: 20px;"></table>	F
Th Loop __3	<table border="1" style="width: 80px; height: 20px;"></table>	F
Th Loop __4	<table border="1" style="width: 80px; height: 20px;"></table>	F
Reactor Power/Neutron flux	<table border="1" style="width: 80px; height: 20px;"></table>	%/amps/CPS
Subcooling Margin	<table border="1" style="width: 80px; height: 20px;"></table>	F

## IV. C.V.C.S

Letdown flow	<table border="1" style="width: 80px; height: 20px;"></table>	GPM
Charging flow	<table border="1" style="width: 80px; height: 20px;"></table>	GPM

## V. SECONDARY COOLANT SYSTEM

NO. __1 SG level	<table border="1" style="width: 80px; height: 20px;"></table>	% (NR or WR)
NO. __2 SG level	<table border="1" style="width: 80px; height: 20px;"></table>	% (NR or WR)
NO. __3 SG level	<table border="1" style="width: 80px; height: 20px;"></table>	% (NR or WR)
NO. __4 SG level	<table border="1" style="width: 80px; height: 20px;"></table>	% (NR or WR)
NO. __1 SG pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
NO. __2 SG pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
NO. __3 SG pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
NO. __4 SG pressure	<table border="1" style="width: 80px; height: 20px;"></table>	PSIG
NO. __1 SG feedflow	<table border="1" style="width: 80px; height: 20px;"></table>	% or LBS/HR
NO. __2 SG feedflow	<table border="1" style="width: 80px; height: 20px;"></table>	% or LBS/HR
NO. __3 SG feedflow	<table border="1" style="width: 80px; height: 20px;"></table>	% or LBS/HR
NO. __4 SG feedflow	<table border="1" style="width: 80px; height: 20px;"></table>	% or LBS/HR
AFST level	<table border="1" style="width: 80px; height: 20px;"></table>	%

## VI. MISC. TANKS LEVEL

Waste Hold-Up Tank # __1	<table border="1" style="width: 80px; height: 20px;"></table>	%
Waste Hold-Up Tank # __2	<table border="1" style="width: 80px; height: 20px;"></table>	%
Waste Monitor HUT	<table border="1" style="width: 80px; height: 20px;"></table>	%

## VII. SSCL INFORMATION

Offsite power available?	<table border="1" style="width: 80px; height: 20px;"></table>	YES	<table border="1" style="width: 80px; height: 20px;"></table>	NO
Two or more diesels available?	<table border="1" style="width: 80px; height: 20px;"></table>		<table border="1" style="width: 80px; height: 20px;"></table>	
Did ECCS actuate?	<table border="1" style="width: 80px; height: 20px;"></table>		<table border="1" style="width: 80px; height: 20px;"></table>	
Is the containment barrier failed?	<table border="1" style="width: 80px; height: 20px;"></table>		<table border="1" style="width: 80px; height: 20px;"></table>	

## SIGNIFICANT PLANT EVENTS

VIII. 

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Licensed Operator Review 



 Initials

## STATION STATUS CHECKLIST

(Pg. 1 of 2)

## Operational Information

SALEM GENERATING STATION Unit No. \_\_\_\_\_ Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted By: Name \_\_\_\_\_ Position \_\_\_\_\_

1. Date and Time Event Declared: Date \_\_\_\_\_ Time \_\_\_\_\_ (CR/TSC/EOF)  
(24 hr clock)2. Event Classification: ☐ Unusual Event ☐ Site Area Emergency  
☐ Alert ☐ General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

EAL #(s) \_\_\_\_\_

Description of the event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Status of Reactor: ☐ Tripped/Time \_\_\_\_\_ ☐ At Power ☐ Startup  
☐ Hot Standby ☐ Hot Shutdown ☐ Cold Shutdown ☐ Refuel

5. RZR/RCS Pressure \_\_\_\_\_ psig Core Exit TC \_\_\_\_\_ °F

6. Is offsite power available? ☐ YES ☐ NO7. Are two or more diesel generators available? ☐ YES ☐ NO8. Did any Emergency Core Cooling Systems actuate? ☐ YES ☐ NO9. Is the Containment barrier failed? (Loss per EAL section 3.3) ☐ YES ☐ NO

10. Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved: \_\_\_\_\_  
EC or TSS or SSM

STATION STATUS CHECKLIST  
(PAGE 2 OF 2)  
RADIOLOGICAL INFORMATION

ECG  
ATT 8  
Pg. 8 of 9

SALEM GENERATING STATION UNIT NUMBER: \_\_\_\_\_ CALCULATION TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. GASEOUS RELEASE>TECH SPEC (T/S) LIMITS:

(T/S LIMITS: 2.42 E+05  $\mu$ Ci/sec NG or 2.1E+01  $\mu$ Ci/sec IODINE)

YES: [ ]

RELEASE START TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

NO: [ ]

A. RELEASE TERMINATED: YES [ ] NO [ ] N/A [ ]

B. ANTICIPATED OR KNOWN DURATION OF RELEASE: \_\_\_\_\_ HOURS

C. TYPE OF RELEASE: GROUND [ ] ELEVATED: [ ] N/A [ ]

D. ADJUSTED WIND SPEED: \_\_\_\_\_ (mph) \_\_\_\_\_ (m/sec) WIND DIR (deg from) \_\_\_\_\_

E. STABILITY CLASS: \_\_\_\_\_ (A-G) DELTA T: \_\_\_\_\_ (deg C)

F. VENT PATH OF RELEASE: R41 [ ] R45 [ ] R44 [ ] R46 [ ]

G. NG RELEASE RATE: R41 \_\_\_\_\_ R45 \_\_\_\_\_ R44 \_\_\_\_\_  
R46 \_\_\_\_\_ ( $\mu$ Ci/sec)

H. I-131 RELEASE RATE: R41 \_\_\_\_\_ R45 \_\_\_\_\_ R44 \_\_\_\_\_  
R46 \_\_\_\_\_ DEFAULT ( $\mu$ Ci/sec) (circle if default)

I. TOTAL RELEASE RATE NOBLE GAS: \_\_\_\_\_ ( $\mu$ Ci/sec)

J. TOTAL RELEASE RATE IODINE-131: \_\_\_\_\_ ( $\mu$ Ci/sec)

2. PROJECTED OFFSITE DOSE RATE CALCULATIONS:

DISTANCE FROM VENT (IN MILES)	XU/Q (1/M2)	TEDE RATE (MREM/HR)	TEDE DOSE (4 DAY) (MREM)	THYROID- CDE RATE (MREM/HR)	THYROID- CDE DOSE (MREM)	TIME FOR PLUME TO TRAVEL (MIN)
MEA 0.79	_____	_____	_____	_____	_____	_____
2.00	_____	_____	_____	_____	_____	_____
LPZ 5.00	_____	_____	_____	_____	_____	_____
EPZ 10.00	_____	_____	_____	_____	_____	_____

3. OTHER PERTINENT INFORMATION: \_\_\_\_\_

4. UPDATE TO STATES (IF VERBALLY TRANSMITTED):

	NAME	TIME	INITIALS
STATE OF NEW JERSEY:	_____	_____	_____
STATE OF DELAWARE:	_____	_____	_____
AGENCY:	_____	_____	_____

APPROVED: \_\_\_\_\_  
EC or RAC or RSM

# Common Site Unusual Event STATION STATUS CHECKLIST

## Operational Information

Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted by: Name \_\_\_\_\_ Position \_\_\_\_\_

1. Date and Time Event Declared: Date \_\_\_\_\_ Time: \_\_\_\_\_

2. Cause of event: Primary Initiating Condition used for declaration

EAL# \_\_\_\_\_

Description of the event:

\_\_\_\_\_

\_\_\_\_\_

33FT. LEVEL WIND DIRECTION (From): \_\_\_\_\_ WIND SPEED \_\_\_\_\_  
(From MET Computer) (DEGREES) (MPH)

3. Status of the Reactors	Mode: (Power, Startup, Hot Standby, Hot S/D, Cold S/D, Refuel)	Rx Pressure	Hottest Core Exit TC / Rx Temp	Rx Water Level
Salem 1		psig	°F	covered
Salem 2		psig	°F	covered
Hope Creek		psig	°F	in.

	Salem 1		Salem 2		Hope Creek	
	YES	NO	YES	NO	YES	NO
4. Is offsite power available?						
5. Are two or more diesel generators operable?						
6. Did any Emergency Core Cooling Systems actuate?						
7. Is any Containment Barrier failed? (Loss per EAL section 3.3)						
8. Radiological release (> Tech Spec Limit) in progress		X		X		X

9. Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EC Initials  
(Approval to Transmit ICMF)

ATTACHMENT 10  
ONE HOUR REPORT  
NRC REGIONAL OFFICE

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 2. NOTIFY NRC **Region 1 Office** of the event **within 1 hour**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. IF a package is received Onsite that was contaminated or exceeded external radiation limits.  
THEN NOTIFY the **final delivering carrier**.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time



Initials

- \_\_\_\_ 5. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **Nuclear Licensing**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLR).
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

PSE&G ECG  
CONTROL ATT 11  
COPY # SECG0101  
Pg. 1 of 3

ATTACHMENT 11  
ONE HOUR REPORT  
(COMMON SITE)  
SECURITY/SAFEGUARDS

NOTE

ONLY one OS, Hope Creek or Salem is required to report this event which is common to BOTH stations.

I. EVENT ASSESSMENT AND DETERMINATION OF NOTIFICATION  
RESPONSIBILITY

Initials

- \_\_\_ 1. NOTIFY the **Hope Creek OS** (NETS x5224; DID 3027, 3059).
- \_\_\_ 2. DETERMINE which Station OS will implement this attachment.
- \_\_\_ 3. IF the Salem OS is responsible for this notification,  
THEN IMMEDIATELY CONTINUE with this attachment.
- \_\_\_ 4. IF the Hope Creek OS will implement this attachment,  
THEN NO further actions are required by Salem except to lend assistance as necessary  
in restoring the lost equipment or capabilities.

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference,  
for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

II. NOTIFICATIONS

- \_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Security personnel, as needed.  
( ) ENSURE OS approval.

Initials

- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 1 hour**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY **Nuclear Licensing**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the  
programmed phone numbers on the telecopier.
- \_\_\_\_ 9. WHEN Security provides updated information on the event,  
THEN NOTIFY the **NRC Operations Center** with appropriate updates on the event.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time

### III. REPORTING

#### Initials

- \_\_\_\_\_  
OS
1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- \_\_\_\_\_  
OS
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- \_\_\_\_\_  
OM
3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- \_\_\_\_\_  
OM
4. CONTACT the **Nuclear Security Support Supervisor (NSSS)**;  
( ) FORWARD this attachment and any other supporting documentation received from the OS.  
( ) REQUEST a written report (**required 30 days after the event**).
- \_\_\_\_\_  
NSSS
5. PREPARE the required Safeguards Event Report (30 day) IAW Security Contingency Plan Procedure, SCP-14.
- \_\_\_\_\_  
NSSS
6. FORWARD this attachment to the Manager - Licensing (MNLR).
- \_\_\_\_\_  
MNLR
7. ENSURE offsite (state and local) reporting requirements are met.
- \_\_\_\_\_  
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

PSE&amp;G

ECG

ATT 12

Pg. 1 of 3

CONTROL

COPY #

SEC60101

## ATTACHMENT 12

## ONE HOUR REPORT - NRC OPERATIONS

## INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

## I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 1 hour**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

\_\_\_\_ 6. NOTIFY **Nuclear Licensing.**

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

\_\_\_\_ 7. IF a major loss of communications capability has occurred (such as loss of ENS, NETS, DID, etc.)

THEN NOTIFY:

**I.T. Client Service Center:** (201-430-7500 or ESSX 7500)

( ) a. ENTER [1 - 3 - 1] in response to the automated answering system prompts.

( ) b. NOTIFY the Operator that the failed system is an "Emergency Priority Circuit."

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

\_\_\_\_ 8. NOTIFY **External Affairs.**

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

\_\_\_\_ 9. IF this report is being made due to exceeding a Technical Specification Safety Limit.

THEN NOTIFY the **senior corporate nuclear officer within 24 hours.**

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

AND NOTIFY the **Director-Quality, NT and EP (senior manager responsible for independent nuclear safety assessment activities and quality program oversight) within 24 hours.**

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

\_\_\_\_ 10. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLR).
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.



PSE&G

ECG

ATT 13

Pg. 1 of 7

CONTROL

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ATTACHMENT 13

FOUR HOUR REPORT  
CONTAMINATION EVENTS OUTSIDE OF THE RCA

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. RECORD the location of the Contaminated Area(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_ 2. DIRECT the **Shift Radiation Protection Technician (SRPT)** to IMPLEMENT the Onsite Contamination Event Checklist (Pages 5 - 7) of this attachment and ASSUME responsibility as the Interim **Radiological Incident Response Coordinator (RIRC)**.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time
- \_\_\_\_ 3. IF routinely accessed areas are contaminated,  
THEN use the Plant PA System to warn personnel to stand clear of those areas.
- \_\_\_\_ 4. NOTIFY a **Radiological Support (RS) Representative**;  
( ) a. DIRECT the RS individual to REPORT to the Plant and ASSUME RIRC responsibility by relieving the SRPT.  
( ) b. PROVIDE the name of the SRPT and the location of the Incident Response Control Center, if established.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time

Initials

- \_\_\_\_ 5. NOTIFY the **Hope Creek OS** (NETS x5224; DID x3027, or x3059)
- ( ) a. PROVIDE a brief description of the event.  
( ) b. DIRECT a similar PA announcement be made at Hope Creek to warn personnel.  
( ) c. OBTAIN any available support needed to monitor and control the spread of contamination.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY **Environmental Licensing** and DIRECT that any notifications IAW the DPCC/DCR Plan be made as required.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 7. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 8. NOTIFY the **LAC Dispatcher** of the event.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 9. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 10. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 11. NOTIFY the **NRC Resident Inspector**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 12. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 13. NOTIFY **Nuclear Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 14. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 15. FAX the NRC Data Sheet to **BOTH Public Information and Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting  
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER  
OM Coordinator (LERC).
5. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
6. FORWARD this attachment to the Manager - Licensing (MNLR).  
LERC
7. ENSURE offsite (state and local) reporting requirements are met.  
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room  
MNLR for microfilming.

# ONSITE CONTAMINATION EVENT CHECKLIST

(Page 1 of 3)

## A. PURPOSE

This checklist provides general guidance to the Interim and Long Term **Radiological Incident Response Coordinator (RIRC)** for the purpose of establishing Command and Control authority and responsibility for the non-emergency coordination of Nuclear Business Unit resources in mitigating the consequences of a radiological incident outside the normal RCA.

## B. RESPONSIBILITY - Checklist Implemented By;

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
Interim RIRC (or SRPT)

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
Long Term RIRC

### RIRC INSTRUCTIONS:

1. Checklist steps DO NOT need to be performed in order.
2. INITIAL or N/A each step as appropriate.
3. IF an emergency is declared,  
THEN CONSULT with the Emergency Coordinator (EC) to determine revised priorities of the EC based upon current circumstances.

## C. INITIAL ACTIONS

Initials/  
Date/Time

1.	PERFORM surveys to establish contaminated area boundaries. (Temporary RCA)	
2.	POST signs and set up barriers (ropes) ( ) RESTRICT access to the Temporary RCA until posted ( ) <u>IF</u> access <u>CANNOT</u> be adequately controlled with available RP personnel. <u>THEN</u> request assistance from <b>Security</b> .	
3.	DIRECT <b>Security</b> to prohibit vehicles from entering any affected portion of the Owner Controlled Area (OCA).	
4.	<u>IF</u> areas within the Protected Area that can be routinely accessed are contaminated. <u>THEN</u> PROVIDE personnel monitoring at the Security Center.	
5.	NOTIFY the <b>Salem RP Superintendent</b> .	
6.	PROVIDE a briefing to the <b>Hope Creek RP Superintendent</b> and OBTAIN resource assistance (material and personnel), as needed.	

## ON-SITE CONTAMINATION EVENT CHECKLIST

(Page 2 of 3)

### D. SUBSEQUENT ACTIONS

Initials/  
Date/Time

1.	ESTABLISH an <b>Incident Response Control Center</b> in an accessible location. (e.g., TSC, NOSF, RP Office Area) Location:	
2.	MAINTAIN a response log.	
3.	<p><u>IF</u> recovery actions will take &gt; 24 hours, <u>THEN</u> DEVELOP an interim organization to handle the following aspects of the event;</p> <ul style="list-style-type: none"> <li>• Site Characterization and Decontamination</li> <li>• Dose Assessment</li> <li>• Communications</li> <li>• Site Access Control</li> <li>• Document Control</li> </ul>	

#### • SITE CHARACTERIZATION AND DECONTAMINATION

4.	DEVELOP a map of the contaminated areas. ( ) ENSURE consistent survey techniques and reporting units are used.	
5.	PERFORM isotopic analysis on several samples before decontamination activities begin.	
6.	REDUCE contamination < LLD, if reasonably achievable.	
7.	<p><u>IF</u> contamination <u>CANNOT</u> be reduced &lt; LLD. <u>THEN</u> CONSIDER fixing the contamination to prevent further spreading.</p>	

#### • DOSE ASSESSMENT

8.	ESTABLISH a list of individuals who may have been contaminated.	
9.	<p><u>IF</u> the potential for personnel contamination is high among those who have left the Site, <u>THEN</u> CONSIDER having those individuals recalled.</p>	
10.	<p><u>IF</u> recalled personnel are contaminated or may have carried contamination offsite, <u>THEN</u> CONSIDER surveying their clothing, vehicles, and homes.</p>	
11.	PERFORM internal dose calculations and calculate external dose from groundshine. (both realistic and bounding case assessments)	
12.	PERFORM confirmatory WB Counts, as required.	
13.	COLLECT and PROCESS TLDs, as required.	

**ONSITE CONTAMINATION EVENT CHECKLIST**  
(Page 3 of 3)

**D. SUBSEQUENT ACTIONS (cont'd)**

Initials/  
Date/Time

• **DOSE ASSESSMENT (cont'd)**

14.	<u>IF</u> a radiological release from a plant system has occurred, <u>THEN</u> CALCULATE the source term (total amount of radioactive material released).	
-----	--	--

• **COMMUNICATIONS**

15.	ENSURE <u>ALL</u> <b>Site Personnel</b> are INFORMED as to the location of contaminated areas and any additional monitoring requirements via posting in the Security Center. ( ) UPDATE postings periodically, as needed.	
16.	DEVELOP a communications plan to provide frequent updates to plant personnel.	

• **DOCUMENTATION**

17.	OBTAIN copies of <u>ALL</u> surveys, sample results and other related documentation <u>AND</u> ENSURE they are placed in the Radiological Support files.	
18.	FORWARD records of residual contamination, including contamination that was fixed in place, to <b>Nuclear Licensing</b> for inclusion in the 10CFR50.75(g) file.	
19.	RETURN this checklist to the <b>Salem OS</b> after all items on the checklist have been addressed.	

ATTACHMENT 14

FOUR HOUR REPORT - NRC OPERATIONS

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. NOTIFY the **LAC Dispatcher** of the event.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time



Initials

- \_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 7. NOTIFY **Nuclear Licensing**,
- for all events, provide a description and briefing of the event
  - if RAL 11.8.2.a was declared, direct licensing representative to contact the BNE within 4 hours of the event.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 8. NOTIFY **External Affairs**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- \_\_\_\_ 1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
- \_\_\_\_ 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting  
OS documentation, to the Operations Manager (OM).
- \_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
- \_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
OM Coordinator (LERC).
- \_\_\_\_ 5. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
- \_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing.  
LERC
- \_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.  
MNLR
- \_\_\_\_ 8. FORWARD this Attachment LER package to the Central Technical Document Room  
MNLR for microfilming.

ATTACHMENT 15

ENVIRONMENTAL PROTECTION PLAN

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_\_ 1. RECORD the Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE

Environmental Licensing will make the Determination of Reportability for Unusual or Important Environmental Events. They will also make the 24 hour report to other agencies.

- \_\_\_\_\_ 2. NOTIFY **Environmental Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs \_\_\_\_\_  
name time report#

- ( ) a. OBTAIN a Determination of Reportability (check below).
- ( ) b. RECORD "Determination Time" \_\_\_\_\_ hrs
- ( ) c. CONTINUE based on the Determination, as follows:
- ( ) 1) **4 Hour Report** to the NRC.  
EXIT this Attachment AND REFER to RAL # 11.8.2.a.
- ( ) 2) **24 Hour Report** to the NRC Resident.  
GO TO Step 3
- ( ) 3) Not reportable to the NRC.  
GO TO Section II, Pg. 3

**NOTE**

Required reports shall be made within the appropriate time limits from the Determination Time established in Step 2. above.

Initials

\_\_\_\_\_ 3. NOTIFY the **NRC Resident Inspector** within 24 hours.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 4. IF the NRC Resident Inspector CANNOT be notified,  
THEN NOTIFY the **NRC Operations Center** within 24 hours.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 5. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the Notification and any supporting documentation to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 17  
FOUR HOUR REPORT  
FATALITY OR MEDICAL EMERGENCY

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. IF NOT done previously.  
THEN IMPLEMENT SC.FP-EO.ZZ-0003(Z). Control Room Medical Emergency Response.
- \_\_\_\_ 2. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **LAC Dispatcher** of the event.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

\_\_\_\_ 5. NOTIFY the **NRC Resident Inspector**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 8. NOTIFY **Nuclear Licensing**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 9. IF transportation of personnel to an Offsite Medical Facility is required,  
THEN:

- ( ) a. COMPLETE the report on Pg. 4 of this attachment.
- ( ) b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 10. IF an NBU Employee has died or been seriously injured, THEN;

- ( ) a. NOTIFY the **employee's department manager**
- ( ) b. DIRECT the manager to coordinate notification of the employee's family.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 11. NOTIFY **External Affairs**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 12. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

**II. REPORTING**

- \_\_\_\_\_ 1. ENSURE that an Injury Report is completed.  
OS

- \_\_\_\_\_ 2. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_

- \_\_\_\_\_ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).  
OS

- \_\_\_\_\_ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.  
OM

- \_\_\_\_\_ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).  
OM

- \_\_\_\_\_ 6. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_

- \_\_\_\_\_ 7. FORWARD this attachment to the Manager - Licensing.  
LERC

- \_\_\_\_\_ 8. ENSURE offsite (state and local) reporting requirements are met.  
MNL

- \_\_\_\_\_ 9. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming  
MNL



**REPORT OF SERIOUS INJURY/DEATH  
NUCLEAR BUSINESS UNIT EMPLOYEE**

**EMPLOYEE INFORMATION**

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ LOCATION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**ACCIDENT/INJURY DESCRIPTION**

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DID INJURIES RESULT IN DEATH ☐ YES ☐ NO

EXTENT OF INJURIES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHERE TAKEN AFTER ACCIDENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
----------------------	---------------	---------------	----------------

Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 18  
FOUR HOUR REPORT  
RADIOLOGICAL TRANSPORTATION ACCIDENT

COPY # SEC60101

INSTRUCTIONS (SALEM OS or Designee)

- A. Contact the Shift Radiation Protection Technician for immediate access to shipment information for emergency responders
- B. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- C. INITIAL each step when completed.
- D. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_\_ 1. COMPLETE the **ACCIDENT NOTIFICATION FORM** (last page) with initial details received regarding the accident.
- \_\_\_\_\_ 2. OBTAIN a copy of the applicable Radwaste Shipping document for reference during subsequent notifications.
- \_\_\_\_\_ 3. IF PSEG is the carrier (driver is a PSEG employee).  
THEN NOTIFY the **Department of Transportation (DOT)** at 1-800-424-8802.
  - ( ) PROVIDE all information recorded on the ACCIDENT NOTIFICATION FORM.
  - ( ) RECORD any additional information requested by DOT.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 4. DIRECT the **Radiation Protection Manager** (or alternate) to contact the carrier's dispatcher and coordinate assistance in implementing PSEG's response, as required.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 6. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY the **NRC Operations Center within 4 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 9. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 10. NOTIFY **Nuclear Licensing**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 11. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 12. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

**RADIOLOGICAL TRANSPORTATION ACCIDENT  
NOTIFICATION FORM**

**INSTRUCTIONS:**

- A. RECORD the minimum information required for an effective PSEG response.  
B. RECORD any additional information provided as requested by the DOT.

Time of Call

Caller's Name:

Phone Number:

--	--	--

Are you the driver?

☐ YES

☐ NO

IF YES, Trucking Company Name: \_\_\_\_\_

IF NO, What is the status of the driver? \_\_\_\_\_

**LOCATION of Accident:**

Roadway/Mile Marker/Intersection

City/Town

State

--	--	--

Number of Vehicles involved?

1 - 2 - 3 - 4 - 5 - \_\_\_\_\_

State or Local Police on the scene?

☐ YES

☐ NO

Any personnel injuries?

☐ YES

☐ NO

Any Fire involving truck contents?

☐ YES

☐ NO

Trucking Company Dispatcher notified?

☐ YES

☐ NO

Extent of damage to truck/trailer, container and contents:

---

---

**ASK THE CALLER TO DO THE FOLLOWING:**

A. IF NOT yet done, NOTIFY the State or Local Police.

B. IF possible, ENSURE assistance personnel at the accident scene do the following:

1. TAKE all practical measures to protect life and property.  
THEN stay back and wait for trained emergency personnel.
2. REMAIN upwind of the accident, DO NOT track thru any spills.

ATTACHMENT 19

TWENTY-FOUR HOUR REPORT  
FITNESS FOR DUTY (FFD) PROGRAM EVENTS

COPY # SECG0101

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

CAUTION

The determination of reportability of significant FFD events is the responsibility of the Medical Review Officer (MRO).

In order to ensure compliance with NRC notification requirements of 10CFR26.73 and also protect the rights of the individual(s) involved, information provided to any of the below contacts SHALL be limited to that supplied by the MRO or designee.

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE the significant FFD Event report form (last page) with the details received from the **Medical Review Officer (MRO)** or designee per NC.NA-AP.ZZ-0042(Q).
- \_\_\_\_ 2. NOTIFY the **NRC Operations Center within 24 hours** of the time of discovery provided by the MRO.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 5. Notify the **Public Information Manager (PIM) - Nuclear**

## II. REPORTING

### CAUTION

**ALL records of this report shall be handled as CONFIDENTIAL.**

- \_\_\_\_ 1. ENSURE that a Notification is prepared.  
OS Notification # \_\_\_\_\_
- \_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
OS Operations Manager (OM).
- \_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
- \_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the Medical  
OM Review Officer (MRO) at the Processing Center MC - N06.
- \_\_\_\_ 5. RETAIN this information on file IAW Nuclear Medical Department Standard Operating  
MRO Procedures AND  
ENSURE that this event is included in the 6 month FFD Report to the NRC.

**CONFIDENTIAL**  
**FITNESS FOR DUTY (FFD) PROGRAM EVENT**  
**NRC NOTIFICATION REPORT FORM**

**INSTRUCTIONS:**

- A. OS should use this form to document the details of any FFD event determined by the Medical Review Officer (MRO) to be reportable per 10CFR26.73.
- B. Initial **NRC report** shall be completed within 24 hours from the time of discovery by the licensee, as determined by the MRO.
- C. **IF the NRC FFD Representative** requires additional or more detailed information, the NRC shall directly contact the MRO.

**NRC NOTIFICATION:**

Notification Time: \_\_\_\_\_

OS (name) \_\_\_\_\_

Facility: Salem/ Hope Creek

Call back phone # 609-339-\_\_\_\_\_

**EVENT DETAILS:**

1. Medical Review Officer or designee: \_\_\_\_\_  
Call back phone # 856-339-5601 (name) \_\_\_\_\_
2. Reporting Event
  - ( ) Sale, use, or possession of illegal drugs within the **Protected Area** [10CFR26.73(a)(1)] **OR**
  - ( ) Any acts, by **Licensed Reactor Operators or Supervisory personnel:** [10CFR26.73(a)(2)]
    - ( ) Involving the sale, use, or possession of a controlled substance. (i)
    - ( ) Resulting in a confirmed positive test on such persons. (ii)
    - ( ) Involving use of alcohol within the **Protected Area**. (iii)
    - ( ) Resulting in the determination of unfitness for scheduled work due to consumption of alcohol. (iv)
  - ( ) False Positive Lab Blind Performance Test Results due to an administrative error. [10CFR26. APP. A, 2.8(e)(5)]
  - ( ) Any other FFD related event determined reportable by the MRO IAW **NC.NA-AP.ZZ-0042(Q)**.
3. Discovery Time: \_\_\_\_\_ hrs on \_\_\_\_\_ (date)
4. Work Dept. of individual(s): \_\_\_\_\_  
\_\_\_\_\_
5. Has plant safety been affected ? ☐ YES ☐ NO
6. Corrective actions taken or planned :  
\_\_\_\_\_  
\_\_\_\_\_
7. Other pertinent information :  
\_\_\_\_\_  
\_\_\_\_\_



ATTACHMENT 20

TWENTY-FOUR HOUR REPORT  
NRC REGIONAL OFFICE

PSE&G

CONTROL

COPY #

ECG

ATT 20

Pg. 1 of 3

SECG0101

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 2. NOTIFY the **NRC Region 1 Office within 24 hours.**  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector.**  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. NOTIFY the **NRC Operations Center within 24 hours.**  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 5. IF NOT done previously.  
THEN NOTIFY the **Operations Manager (OM).**  
\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY **Nuclear Licensing**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

PSE&G ECG  
ATT 21  
CONTROL Pg. 1 of 2  
COPY # SECG0101

ATTACHMENT 21  
REPORTABLE EVENT  
LAC/MEMORANDUM OF UNDERSTANDING (M.O.U.)

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

\_\_\_\_ 1. PROVIDE an event description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2. NOTIFY the **LAC Dispatcher** within four hours of the event.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time

\_\_\_\_ 3. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time

\_\_\_\_ 4. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time

Initials

\_\_\_\_ 5. NOTIFY External Affairs.

\_\_\_\_ notified at \_\_\_\_ hrs  
name time

## II. REPORTING

\_\_\_\_ 1. ENSURE that a Notification is prepared.

OS

Notification # \_\_\_\_\_

\_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
Operations Manager (OM).

OS

\_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
correct classification of event and corrective action taken.

OM

\_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
Coordinator (LERC).

OM

\_\_\_\_ 5. PREPARE required reports.

LERC

Report or LER Number \_\_\_\_\_

\_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing.

LERC

\_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLR

\_\_\_\_ 8. FORWARD this Attachment LER package to the Central Technical Document Room  
for microfilming.

MNLR

PSE&G  
CONTROL  
COPY #

ECG  
ATT 22  
Pg. 1 of 2

ATTACHMENT 22

T/S REQUIRED ENGINEERING EVALUATION

SECG-0101

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

NOTE

This attachment is for initiating an Engineering Evaluation required by Technical Specifications. No Offsite or external notifications are performed by this attachment, but should be implemented as determined by the results of the evaluation.

Initials

- \_\_\_\_ 1. PROVIDE an event description: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

CAUTION

Refer to the ECG sections related to the Initiating Conditions of this event to determine if any NRC notifications are also required.

- \_\_\_\_ 2. IF ANY NRC Notifications are ALSO required.  
THEN IMPLEMENT the other referenced attachment in parallel with this one.

Initials

\_\_\_\_\_ 3. NOTIFY the **Technical Manager or Technical Engineer** with details of the event.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

**II. REPORTING**

\_\_\_\_\_ 1. ENSURE that a Notification is prepared.

OS

Notification # \_\_\_\_\_

\_\_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
Operations Manager (OM).

OS

\_\_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
correct classification of event and corrective action taken.

OM

\_\_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
Coordinator (LERC).

OM

\_\_\_\_\_ 5. PREPARE required reports.

LERC

Report or LER Number \_\_\_\_\_

\_\_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing.

LERC

\_\_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLR

\_\_\_\_\_ 8. FORWARD this Attachment LER package to the Central Technical Document Room  
for microfilming.

MNLR

ATTACHMENT 26

EIGHT HOUR REPORT - NRC OPERATIONS

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_\_ 1. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 8 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 4. NOTIFY the **LAC Dispatcher** of the event.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials



- \_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **Nuclear Licensing**,  
• for all events, provide a description and briefing of the event  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 9. FAX the NRC Data Sheet to **BOTH Public Information and Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- \_\_\_\_ 1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
- \_\_\_\_ 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting  
OS documentation, to the Operations Manager (OM).
- \_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
- \_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
OM Coordinator (LERC).
- \_\_\_\_ 5. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
- \_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing.  
LERC
- \_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.  
MNLR
- \_\_\_\_ 8. FORWARD this Attachment/LER package to the Central Technical Document Room  
MNLR for microfilming.

ATTACHMENT 27

EIGHT HOUR REPORT  
MEDICAL EMERGENCY - TRANSPORT OF CONTAMINATED PERSON

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. IF NOT done previously,  
THEN IMPLEMENT SC.FP-EO.ZZ-0003(Z), Control Room Medical Emergency Response.
- \_\_\_\_ 2. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. NOTIFY the LAC Dispatcher of the event.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. NOTIFY the NRC Operations Center of the event within 8 hours.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY **Nuclear Licensing**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 9. IF transportation of personnel to an Offsite Medical Facility is required,  
THEN;  
( ) a. COMPLETE the report on Pg. 4 of this attachment.  
( ) b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 10. IF an NBU Employee has died or been seriously injured, THEN;  
( ) a. NOTIFY the **employee's department manager**  
( ) b. DIRECT the manager to coordinate notification of the employee's family.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 11. NOTIFY **External Affairs**.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 12. FAX the NRC Data Sheet to **BOTH Public Information and Licensing** using the programmed phone numbers on the telecopier.

**II. REPORTING**

- \_\_\_\_\_ 1. ENSURE that an Injury Report is completed.  
OS

- \_\_\_\_\_ 2. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_

- \_\_\_\_\_ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).  
OS

- \_\_\_\_\_ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.  
OM

- \_\_\_\_\_ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).  
OM

- \_\_\_\_\_ 6. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_

- \_\_\_\_\_ 7. FORWARD this attachment to the Manager - Licensing (MNLR).  
LERC

- \_\_\_\_\_ 8. ENSURE offsite (state and local) reporting requirements are met.  
MNLR

- \_\_\_\_\_ 9. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.  
MNLR

**REPORT OF SERIOUS INJURY/DEATH  
NUCLEAR BUSINESS UNIT EMPLOYEE**

EMPLOYEE INFORMATION

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ LOCATION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**ACCIDENT/INJURY DESCRIPTION**

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DID INJURIES RESULT IN DEATH ☐ YES ☐ NO

EXTENT OF INJURIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHERE TAKEN AFTER ACCIDENT \_\_\_\_\_

\_\_\_\_\_

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 28

BOILER AND PRESSURE VESSEL REPORTING

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of, individuals and phone numbers.
- B. INITIAL each indicated step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. NOTIFY State of New Jersey, Chief Inspector of B&PV Compliance within 4 hrs.  
Telephone: (609) 984-0626  
Fax (609) 984-1577  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 2. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Site Protection and **Environmental Licensing** personnel.  
as needed.  
( ) ENSURE OS approval.
- \_\_\_\_ 3. NOTIFY NRC Operations Center within 4 hours.  
( ) Use the NRC Data Sheet to record any additional information provided to the NRC.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 4. Notify the NRC Resident Inspector.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. NOTIFY **LAC Dispatcher** within 4 hrs.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY **Public Information Manager (PIM) - Nuclear.**  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **Nuclear Licensing.** Direct licensing representative to contact BNE within 4 hours of the event.  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 8. Notify **External Affairs.**  
\_\_\_\_ notified at \_\_\_\_ hrs  
name time
- \_\_\_\_ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.



## II. REPORTING

### Initials

- \_\_\_\_\_  
OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- \_\_\_\_\_  
OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation to the Operations Manager (OM).
- \_\_\_\_\_  
OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- \_\_\_\_\_  
OM 4. CONTACT the LER Coordinator (LERC) and request that the required written reports be prepared. Provide this attachment and any other supporting documentation received from the OS.
- \_\_\_\_\_  
LERC 5. PROVIDE Environmental Licensing, with a copy of this attachment including the spill/discharge notification report received from the OS.
- \_\_\_\_\_  
LERC 6. PREPARE LER if required. If an LER is prepared, contact Licensing and ensure that the information on the LER and on the NJDEP Confirmation Report are consistent.  
Report or LER Number \_\_\_\_\_
- \_\_\_\_\_  
LERC 7. FORWARD this attachment to the Manager - Licensing.
- \_\_\_\_\_  
MNLR 8. ENSURE that offsite (state and local) reporting requirements have been met.
- \_\_\_\_\_  
MNLR 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.

# 11.0 Reportable Action Levels

## 11.1 Technical Specifications

PSE&G  
CONTROL  
COPY #

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SGS ECG  
Rev. 01  
Page 1 of 3

Initiating  
Condition

MODE

RAL #

R  
E  
P  
O  
R  
T  
I  
N  
G  
  
A  
C  
T  
I  
O  
N  
  
L  
E  
V  
E  
L  
S

Action  
Required

INITIATION OF ANY UNIT SHUTDOWN  
REQUIRED BY THE TECHNICAL SPECIFICATIONS  
[10CFR50.72(b)(2)(i)]

1, 2

11.1.1.a

IF

Unit shutdown is  
INITIATED  
to comply with  
Technical Specifications

THEN

Refer to Attachment 14  
4 Hour Report

EXCEEDING ANY TECHNICAL SPECIFICATION  
SAFETY LIMIT  
[10CFR50.36(c)(1), TS 6.7.1.b]

1, 2, 3, 4, 5 (as applicable in T/S)

11.1.1.b

IF

Exceeding EITHER one  
of the following  
Technical Specification Safety Limits:

- T/S 2.1.1, Thermal Power, Pressurizer Pressure, Coolant Temperature combination
- T/S 2.1.2, RCS Pressure

ANY DEVIATION FROM T/S OR  
LICENSE CONDITION PURSUANT TO  
10CFR50.54(x) [10CFR50.72(b)(1)]

All

11.1.1.c

IF

Deviation from written  
procedures because no action  
consistent with Technical  
Specifications or license  
condition can provide adequate  
or equivalent protection in an  
emergency  
(see NC.NA-AP.ZZ-0005(Q) for  
guidance on deviation from  
procedures)

THEN

Refer to Attachment 12  
1 Hour Report

# 11.0 Reportable Action Levels

## 11.1 Technical Specifications

Initiating  
Condition

MODE

RAL #

R  
E  
P  
O  
R  
T  
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N  
G  
  
A  
C  
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I  
O  
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L  
E  
V  
E  
L  
S

Action  
Required

STEAM GENERATOR TUBE INSPECTIONS WHICH FALL INTO  
CATEGORY C-3 THAT HAVE BEEN EVALUATED FOR  
REPORTABILITY [10CFR50.72(b)(3)(ii); T/S 4.4.5.2(6.2)]

ABNORMAL DEGRADATION OF THE CONTAINMENT  
STRUCTURE DETECTED DURING SHUTDOWN THAT HAS BEEN  
EVALUATED FOR REPORTABILITY [10CFR50.72(b)(3)(ii); T/S 4.6.1.6.2]

5, 6, Defueled

3, 4, 5, 6, Defueled

**11.1.2.a**  
**IF**

**11.1.2.b**  
**IF**

Results of SG tube inspections which fall into category  
C-3 of T/S 4.4.5.2 (Unit 1) or T/S 4.4.6.2 (Unit 2)

Any abnormal degradation of the Containment structure  
detected by visual inspection of exposed accessible interior  
and exterior surfaces during shutdown

**AND**

An engineering evaluation has determined that it is reportable  
pursuant to 10CFR50.72(b)(3)(ii)

**THEN**

Refer to Attachment 26  
8 Hour Report

# 11.0 Reportable Action Levels

## 11.1 Technical Specifications

Initiating  
Condition

VIOLETION OF THE REQUIREMENTS  
CONTAINED IN THE OPERATING LICENSE  
[Salem U2 Operating License, Sections 2.1]

ANY EVENT REQUIRING AN ENGINEERING EVALUATION BY TECH SPECS OR COMMITMENT  
[U1 T/S 3.4.9.1, 3.4.9.2, 3.4.7, 3.7.9, JAN 1983, LTR TO NRC, 3.7.2.1]  
[U2 T/S 3.4.10.1, 3.4.10.2, 3.4.8, 3.7.9, JAN 1983, LTR TO NRC, 3.7.2]

MODE

All

All

RAL #

**11.1.3.a**

**11.1.3.b**

R  
E  
P  
O  
R  
T  
I  
N  
G

IF

IF

Violation of ANY one of the  
requirements contained in Section  
2.C  
(Items 3 through 25)  
or Section 2E, 2F or 2G  
of the Salem Unit 2 Operating  
License

- As judged by the OS/EDO, ANY one of the following conditions have been satisfied:
- Any of the T/S LCOs for RCS or PZR heatup or cooldown rates **are exceeded**
  - The concentration of either chloride or fluoride in the RCS is in excess of its Steady State Limit for **more than 24 hours** or **in excess of its Transient Limit**, thereby requiring an engineering evaluation to determine the effects of the out of limit condition on the structural integrity of the RCS
  - **One or more** snubbers are found to be INOPERABLE and require an engineering evaluation performed in accordance with T.S.4.7.9 action statement
  - Any PZR code safety valve **discharges**
  - The temperature of EITHER the Primary or Secondary Coolant in any S/G is  $\leq 70^{\circ} \text{F}$  WHEN the pressure of either the Primary or Secondary Coolant in the S/G is  $> 200 \text{ psig}$

THEN

THEN

Action  
Required

Refer to Attachment 20  
24 Hour Report

Refer to Attachment 22  
OTHER Report

A  
C  
T  
I  
O  
N

L  
E  
V  
E  
L  
S

# 11.0 Reportable Action Levels

## 11.2 Degraded or Unanalyzed Condition

Initiating  
Condition

ANY EVENT OR CONDITION THAT RESULTS IN THE  
CONDITION OF THE PLANT BEING SERIOUSLY DEGRADED  
[10CFR50.72(b)(3)(ii)]

EVENT/CONDITION THAT COULD  
HAVE PREVENTED CERTAIN SAFETY FUNCTIONS  
[10CFR50.72(b)(3)(v)]

All

All

11.2.1.a  
IF

11.2.2.b  
IF

As judged by the OS/EDO,  
an event or condition that results  
in ANY one of the following:

- The condition of the plant, including its principal safety barriers, being seriously degraded
- The plant being in an unanalyzed condition that significantly degrades plant safety

Any event or condition that  
**at the time of discovery** could have  
prevented the fulfillment of the safety  
function of structures or systems that  
are needed to perform ANY one of the  
following:

- Control the release of radioactive material
- Shutdown the reactor and maintain it in a safe shutdown condition
- Remove residual heat
- Mitigate the consequences of an accident

THEN

Refer to Attachment 26  
8 Hour Report

MODE  
RAL #

R  
E  
P  
O  
R  
T  
I  
N  
G  
  
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Action  
Required

# 11.0 Reportable Action Levels

## 11.3 System Actuation

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CONTROL  
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Initiating  
Condition

EVENT THAT RESULTS OR SHOULD HAVE RESULTED IN  
ECCS DISCHARGE INTO RCS AS RESULT OF A VALID  
SIGNAL EXCEPT PREPLANNED [10CFR50.72(b)(2)(iv)(A)]

ACTUATION OF REACTOR PROTECTION SYSTEM  
WHEN CRITICAL EXCEPT PREPLANNED  
[10CFR50.72(b)(2)(iv)(B)]

VALID ACTUATION OF LISTED SYSTEM EXCEPT  
PREPLANNED [10CFR50.72(b)(3)(iv)(A)]

MODE

All

1,2

All

RAL #

11.3.1

11.3.2

11.3.3

IF

IF

IF

Valid SI Actuation signal received (or  
demanded).

Any event or condition that results in  
actuation of the reactor protection  
system (RPS) when the reactor is  
critical except when the actuation  
results from and is part of a pre-planned  
sequence during testing or reactor  
operation.

Any event or condition that results in  
valid actuation of any system listed in  
Technical Basis 11.3.3 except when the  
actuation results from and is part of a  
pre-planned sequence during testing or  
reactor operation.

AND

THEN

THEN

ANY ECCS pump start or Accumulator  
depressurization that results in, or should  
have resulted in, discharge into the reactor  
coolant system

AND

Actuation is NOT part of a pre-planned  
sequence during  
testing or reactor operation.

THEN

Refer to Attachment 14  
4 Hour Report

Refer to Attachment 26  
8 Hour Report

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Action  
Required

# 11.0 Reportable Action Levels 11.4 Personnel Safety / Overexposure

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Initiating Condition	ANY INCIDENT OR EVENT INVOLVING BYPRODUCT, SOURCE, OR SPECIAL NUCLEAR MATERIAL CAUSING ANY OF THE LISTED RESULTS[10CFR20.2202(a)]	ANY INCIDENT OR EVENT INVOLVING LOSS OF CONTROL OF LICENSED MATERIAL CAUSING ANY OF THE LISTED RESULTS [10CFR20.2202(b)]	ONSITE FATALITY [10CFR50.72(b)(2)(xi)]
MODE	All	All	All
RAL #	<u>11.4.1</u>	<u>11.4.2.a</u>	<u>11.4.2.b</u>
R E P O R T I N G  A C T I O N  L E V E L S	IF	IF	IF
	<p>PERSONNEL OVEREXPOSURE or potential for overexposure as indicated by <u>ANY</u> one of the following:</p> <ul style="list-style-type: none"> <li>• TEDE exposure <math>\geq</math> 25 Rem</li> <li>• LDE exposure <math>\geq</math> 75 Rem</li> <li>• SDE exposure <math>\geq</math> 250 Rem</li> <li>• Release of radioactive material inside or outside of a Restricted Area so that, had an individual been present for 24 hours, the individual could have received <math>\geq</math> 5 times the occupational ALI (Annual Limit of Intake) which would usually equate to 25 Rem CEDE. This DOES NOT apply to areas where personnel are NOT normally stationed during routine operations</li> </ul>	<p>PERSONNEL OVEREXPOSURE or potential for overexposure as indicated by <u>ANY</u> one of the following:</p> <ul style="list-style-type: none"> <li>• TEDE exposure &gt; 5 Rem</li> <li>• LDE exposure &gt; 15 Rem</li> <li>• SDE exposure &gt; 50 Rem</li> <li>• Release of radioactive material inside or outside of a Restricted Area so that, had an individual been present for 24 hours, the individual could have received &gt; 1 times the occupational ALI (Annual Limit of Intake) which would usually equate to 5 Rem CEDE. This DOES NOT apply to areas where personnel are NOT normally stationed during routine operations</li> </ul>	Any fatality has occurred within the Owner Controlled Area (OCA)
	THEN	THEN	THEN
Action Required	Refer to Attachment 12 1 Hour Report	Refer to Attachment 14 4 Hour Report	Refer to Attachment 17 4 Hour Report

# 11.0 Reportable Action Levels

## 11.4 Personnel Safety / Overexposure

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Initiating  
Condition

RADIOACTIVELY CONTAMINATED PERSON  
TRANSPORTED FROM THE SITE TO AN OFFSITE MEDICAL  
FACILITY FOR TREATMENT [10CFR50.72(b)(3)(xii)]

SIGNIFICANT FITNESS FOR DUTY  
EVENTS [10CFR26.73]

FITNESS FOR DUTY PROGRAM:  
FALSE POSITIVE DUE TO ADMINISTRATIVE ERROR  
(BLIND TEST BY LAB) [10CFR26, APP .A, 2.8(e)(5)]

MODE

All

All

All

RAL #

11.4.2.c

11.4.3.a

11.4.3.b

IF

IF

IF

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Transportation of a radioactively  
contaminated or **potentially contaminated**  
**individual** from the site to an offsite medical  
facility for treatment

THEN

Any event that is determined to be  
reportable by the Medical Review  
Officer (MRO) or designee IAW PSEG  
Nuclear's Fitness for Duty Program  
(NC.NA-AP.ZZ-0042(Q))

AND

The reportable details of the event are  
made available to the OS by the MRO  
or designee.

THEN

The occurrence of a false positive error on  
a blind lab performance test specimen  
under 10CFR26 as determined by the  
Medical Review Officer (MRO) IAW  
PSEG Nuclear's Fitness for Duty Program  
(NC.NA-AP.ZZ-0042(Q))

AND

The reportable details of the event are made  
available to the OS by the MRO or  
designee.

THEN

Action  
Required

Refer to Attachment 27  
8 Hour Report

Refer to Attachment 19  
24 Hour Report

Refer to Attachment 19  
24 Hour Report



# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

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Initiating  
Condition

MODE

RAL #

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Action  
Required

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE  
[10CFR50.72(b)(2)(xi); N.J.A.C. 7:1E]

All

11.5.2.a

IF

Spill/discharge of an industrial chemical or petroleum product outside of a Plant Structure within the Owner Controlled Area that results in EITHER one of the following:

- Spill / discharge that has passed through the engineered fill and into the ground water as confirmed by licensing
- Spill / discharge that CANNOT be cleaned up within **24 hours** and no contact with groundwater is suspected

THEN

**Note:**  
This event May require IMMEDIATE (15 minute) notifications. DO NOT delay implementation of Attachment 16.

Refer to Attachment 16  
Spill/Discharge Reporting

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE INTO OR UPON THE RIVER [10CFR50.72(b)(2) (xi); N.J.A.C. 7:1E]

All

11.5.2.b

IF

EITHER one of the following events occur:

- Observation of a spill/discharge of an **industrial chemical or petroleum product** from on-site into the Delaware River or into a storm drain
- Observation of an oil slick on the Delaware River from any source

THEN

Refer to Attachment 16  
Spill/Discharge Reporting

UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS  
[E.P.P. SECTION 4.1]

All

11.5.2.c

IF

As judged by the OS/EDO, ANY one of the following events has occurred:

- Unusually large fish kill
- Protected aquatic species impinge on Circulating or Service Water intake screens (eg.; sea turtle, sturgeon) as reported by Site personnel
- Any occurrence of an unusual or important event that indicates or could result in significant environmental impact casually related to plant operation; such as the following:
  - \* Onsite plant or animal disease outbreaks
  - \* Mortality or unusual occurrence of any species protected by the Endangered Species Act of 1973
  - \* Increase in nuisance organisms or conditions
  - \* Excessive bird impactation
  - \* NJPDES Permit violations
  - \* Excessive Opacity (smoke)

THEN

Refer to Attachment 15  
Environmental Protection Plan

# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

Initiating  
Condition

MODE

RAL #

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Action  
Required

BOILER OR PRESSURE VESSEL  
EXPLOSION OR PERSONAL INJURY  
[N.J.A.C. 5:11-3.11]

All

11.5.3

IF

EITHER one of the following events occur:

- Personal injury due to an **occurrence** to a boiler or pressure vessel
- A boiler or pressure vessel explosion

THEN

Refer to Attachment 28  
B&PV Reporting

PSE&G  
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# 11.0 Reportable Action Levels

## 11.7 Security / Emergency Response Capabilities

Initiating  
Condition

MODE

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Action  
Required

SAFEGUARDS EVENTS THAT ARE DETERMINED  
TO BE NON-EMERGENCIES, BUT ARE REPORTABLE  
TO THE NRC WITHIN ONE HOUR [10CFR73.71(b)(1)]

All

11.7.1.a

IF

Any Non-Emergency safeguards event that is  
reportable in accordance with 10CFR73.71  
as determined by Security (SCP-15)

THEN

Refer to Attachment 11  
1 Hour Report (Common Site)

MAJOR LOSS OF EMERGENCY ASSESSMENT CAPABILITY, OFFSITE RESPONSE  
CAPABILITY, OR OFFSITE COMMUNICATIONS CAPABILITY [10CFR50.72(b)(3)(xiii)]

All

11.7.1.b

IF

OS/EC determines that an event (excluding a scheduled test or preplanned  
maintenance activity) has occurred that would impair the ability to deal with an  
accident or emergency as indicated by the Loss of ANY one of the following:

- Nuclear Emergency Telecommunications System (NETS) for >1 hr
- ENS for >1 hr in the Control Room, TSC, and EOF  
(N/A if reported by the NRC)
- More than 17 Offsite Sirens for > 1 hr
- Use of the EOF for > 8 hrs
- All Meteorological data (Salem AND Hope Creek) for > 8 hrs
- Site access due to Acts of Nature (snow, flood, etc.)

THEN

Refer to Attachment 25  
8 Hour Report (Common Site)

All

11.7.1.c

IF

- P250 or Aux Annunciator System for > 24 hrs
- SPDS for > 8 hrs (> 2 CFSTs Inop, not due to plant conditions)
- Use of the TSC for > 8 hrs
- ALL Plant vent radiation effluent monitors with no alternate method of monitoring for > 72 hrs
- More than 75% OHA's
- Concurrent multiple accident or emergency condition indicators which in the judgement of the OS significantly impairs assessment capabilities

Refer to Technical Basis 11.7.1.c for ERDS

THEN

Refer to Attachment 26  
8 Hour Report

# 11.0 Reportable Action Levels 11.8 Public Interest

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Initiating  
Condition

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Action  
Required

UNUSUAL CONDITIONS WARRANTING A NEWS  
RELEASE OR NOTIFICATION OF GOVERNMENT  
AGENCIES [10CFR50.72(b)(2)(xi)]

All

11.8.2.a

IF

OS/EDO judges that an event or situation has  
occurred that is related to ANY one of the following:

- The health and safety of the public
- The health and safety of onsite personnel
- Protection of the environment

AND

A news release  
is planned

AND

Notifications to a  
Local, State or Federal  
agency has been or will be  
made

THEN

Refer to Attachment 14  
4 Hour Report

UNUSUAL CONDITIONS DIRECTLY AFFECTING LOWER  
ALLOWAYS CREEK TOWNSHIP (LACT) [LAC -MOU]

All

11.8.2.b

IF

As judged by the OS/EDO, events which are the  
responsibility of PSEG Nuclear which have or may  
result in EITHER one of the following:

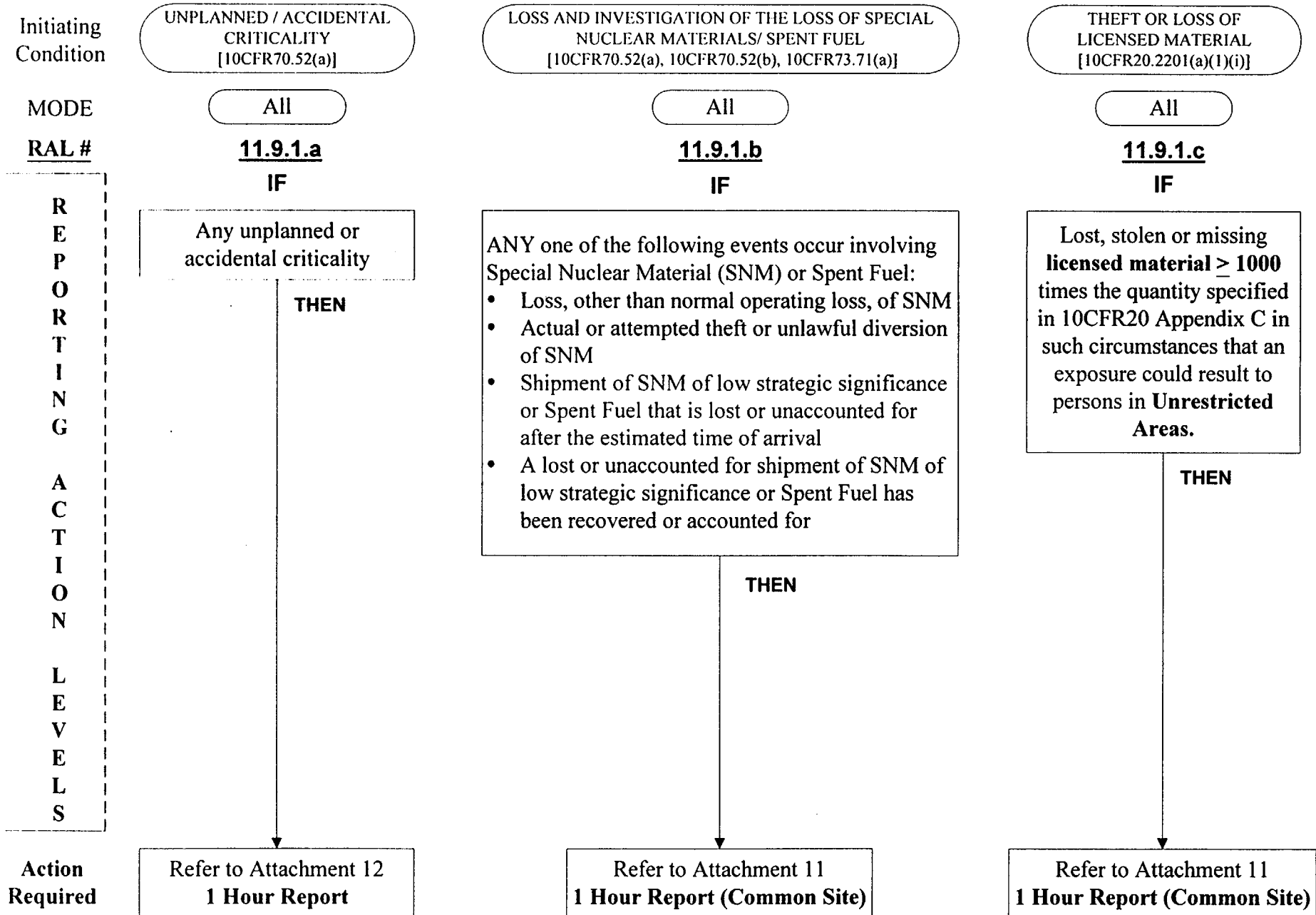
- Anticipated unusual movement of equipment or  
personnel which may significantly affect local  
traffic patterns
- Onsite events which involve alarms, sirens or other  
noise which may be heard off-site

THEN

Refer to Attachment 21  
LACT / MOU Report

# 11.0 Reportable Action Levels

## 11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases



# 11.0 Reportable Action Levels

## 11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases

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Initiating  
Condition

MODE

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Action  
Required

EXCESSIVE CONTAMINATION  
AND/OR RADIATION LEVELS ON A  
PACKAGE [10CFR20.1906(d)]

All

11.9.1.e

IF

Receipt survey indicates that  
package contamination/radiation  
levels equal or exceeds ANY  
one of the following:

- 2200 dpm/100 cm<sup>2</sup>
- 200 mR/hr on contact
- 10 mR/hr at 3 feet

THEN

Refer to Attachment 10  
1 Hour Report

ACCIDENT DURING TRANSPORT  
OF LICENSED MATERIAL  
[10CFR71.5(a)(1)(iv)]

All

11.9.2.a

IF

Accidents during the  
transportation of  
**radioactive material**  
which are reported to PSE&G  
as the shipper that involve  
(or potentially involve)  
damage to the cargo

THEN

Refer to Attachment 18  
4 Hour Report

CONTAMINATION OUTSIDE OF THE  
RADIOLOGICALLY CONTROLLED  
AREA [10CFR50.72(b)(2)(xi)]

All

11.9.2.b

IF

Discovery of a Contaminated  
Area OUTSIDE of the RCA  
with removable activity due to  
**licensed material**

AND

AND

Location of  
Contaminated  
Area is  
OUTSIDE of  
Plant  
Structures

Location of  
Contaminated  
Area is such  
that a  
contaminated  
person or  
material may  
have left the  
Protected  
Area

AND

Size of  
Contaminated  
Area is  
LARGE  
(>100 FT<sup>2</sup>)

THEN

Refer to Attachment 13  
4 Hour Report

# 11.0 Reportable Action Levels

## 11.10 Voluntary Notifications

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Initiating  
Condition

EVENTS/CONDITIONS WARRANT VOLUNTARY/COURTESY  
NRC NOTIFICATION [10CFR50.72 - VOLUNTARY REPORT]

MODE

All

RAL #

11.10.2

IF

In the judgement of the OS,  
notification to the NRC is warranted

AND

NO other EALs or RALs appear to be applicable

THEN

Refer to Attachment 14  
4 Hour Report

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